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ABSTRACT

This extensive abstract describes a study which investigated the therapeutic effectiveness and satisfaction of telephone therapy. Subjects were female outpatients who came to the mental health center for counseling. Treatment groups received face-to-face therapy, telephone therapy or delayed therapy (control group). The measures used with the subjects were an adjustment scale, a problems checklist, a satisfaction scale and an individual problem-improvement checklist. A fifth measure was a separate pre-test and post-test survey on counselors' opinions toward telephone therapy. Subjects receiving either therapy were found to be more improved on their individual problems than the control group subjects. No significant differences on the other measures were obtained. Counselor opinions toward telephone therapy showed no improvement from pre-test to post-test. (Author/SJL)

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ABSTRACT

THE USE OF TELEPHONE THERAPY AS A SHORT-TERM CRISIS-INTERVENTION COUNSELING TECHNIQUE IN A COMMUNITY MENTAL HEALTH CENTER

By

Benito Perri

The main purpose of the study was to investigate the therapeutic effectiveness and satisfaction of telephone therapy.

The setting for the study was the Ingham Medical Comprehensive Community Mental Health Center in Lansing, Michigan. The Mental Health Center is located on the south side of the capitol city of Michigan and is a county and local facility aided by State and Federal funds.

The sample consisted of 90 adult or older-adolescent subjects. All subjects were female, non-emergency outpatients who came to the mental health center for counseling. Ages ranged from 15 to 57 years, and subjects were randomly assigned to one of three treatments and one of five counselors, using a table of random permutations.

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The three experimental treatment groups were: (1) Face-to-face therapy, (2) Telephone therapy, and (3) Delayed therapy (control group). Treatment in the first two experimental treatments was defined as from one to four therapeutic contacts over a period of five weeks from the time of intake. The delayed therapy group had no treatment after the initial 15-minute intake procedure. The criterion measures were administered for telephone and face-to-face therapy groups after the five-week period. The delayed therapy group was measured at the end of the five-week period just before their first counseling session was to take place.

Subjects were rated on a checklist by three people: (1) self, (2) counselor, and (3) significant others, and the check lists were personally administered to raters instead of being sent to them, which involved many home visits.

The five counselors were all female, full-time mental health professionals. Three were clinical psychologists, one was a counseling psychologist, and one was a psychiatric social worker.

The study was based on the Crisis-Intervention Theory of immediate, short-term therapy techniques. This theory states that influence exherted by the therapist at a time when the patient is most susceptible to being

influenced helps swing the client's unstable equilibrium toward an adaptive solution. Crisis intervention therapists believe that an adequate resolution to personal problems can come about in a short period of five to six weeks of therapy.

Four principal measures were taken: (1) A KMP Adjustment Scale composed of 59 items was constructed. The scale had a Hoyt's reliability estimate of internal consistency of .94. All subjects were rated on this scale by three raters--self, counselor, and significant other; (2) A Six Personalized Item sub-scale was chosen by the client from the full KMP Adjustment Scale to provide a more personalized check list of adjustment problems; (3) A Satisfaction Scale composed of 4 items sought reaction to the counseling method used; and (4) An Individual Problem-Improvement check list was used in which the subjects rated themselves on their own specific problems. Each subject was asked to write down during the initial intake interview the three problems which were bothering her most at that moment in time.

A fifth measure was a separate pre-test and post-test survey on counselors' opinions toward telephone therapy. The period of data collection lasted five and one-half months.

Special phones and rooms were set aside for telephone therapy. Telephone subjects were asked to call in

to the center for their appointments, and they paid the same fees as face-to-face therapy clients. Subjects never saw their telephone therapist in person during the experimental period, and all subjects were regular center clients and not volunteers. A social worker did the intake for all subjects in the three treatment groups.

The design was a repeated measure, post-test only design. Four hypotheses were tested using the univariate analysis of variance technique, with Post Hoc comparisons employed when there was a significant difference.

The principal conclusions of the study were: (1) Treatment Differences. No difference was found between treatments when measured either by the KMP Adjustment Scale or the Six Personalized Items Subscale. No adjustment differences were found between face-to-face, telephone, or delayed treatment control group when measured by these two scales. Treatment differences were significant on the Individual Problem Improvement Scale. Subjects receiving either face-to-face therapy or telephone therapy were more improved on their individual problems than the delayed therapy control group. Significant client improvement was found with the clients who received therapy in contrast to the no-therapy control group; (2) Satisfaction Differences. No satisfaction difference was found between face-to-face or telephone-therapy treatments as measured by the Satisfaction Scale. Rater

differences on the Satisfaction Scale were found. Clients were more satisfied with face-to-face or telephone therapy than were the counselors or the combination of counselor and significant other. Subjects were the most satisfied with therapy, the counselors least satisfied, and the significant others were inbetween; (3) Rater Differences. A repeated measure difference was found between the ratings of self, counselor, or other. Counselors rated subjects as more adjusted, the clients saw themselves as least adjusted, and the others rated adjustment at an intermediate value when measured by both the KMP Scale and the Six Personalized Items Scale; (4) The mortality rate between face-to-face or telephone therapy was about the same. Six face-to-face clients never appeared after the intake interview and assignment, and seven telephone clients did not call in after they were assigned telephone therapy; (5) Counselor opinions toward telephone therapy showed no improvement from pretest to post-test. When counselors rank ordered telephone therapy, it was rated on the post-test as slightly up in the order of preferred treatment mode. The frequency that counselors actually used telephone therapy in practice changed insignificantly.

Discussion of the findings was examined and implications for further research discussed.